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CONSENT TO VIDEO RECORDING

IN CONNECTION WITH PSYCHOTHERAPEUTIC SERVICES FROM DR. DARSHAN SHAH, I CONSENT TO DR. DARSHAN VIDEO RECORD OF OUR WORK UNDER THE FOLLOWING CONDITIONS OF STRICT CONFIDENTIALITY:

1. The video recording and review process is a standard component of Intensive Short-Term Dynamic Psychotherapy/Psychoanalysis pioneered by H. Davanloo, M.D. Video recording is an inclusive term whether formatted on tape or digital medium.

2. Video recording may made only with my consent and the consent of Dr. Darshan under such conditions and at such times as may be approved by us. Video recordings are the property of Dr. Darshan and will be used for educational purposes only. While this consent form may be contained in my medical records, the video recordings themselves are not available to any party who may obtain access to my medical record.

3. Video recordings may be used in the following fashion:

a. For Dr. Darshan's systematic review and study of our work, by himself or with other senior clinicians, with the specific purpose of enhancing the effectiveness of the psychotherapy/psychoanalysis. It is understood that at no time will I be identified by name and that all participants are bound by the same strict confidentiality that obtains in my work with Dr. Darshan.

b. Video recording may be used selectively for instruction and advanced continuing education of psychiatrists, physicians and other psychotherapists or mental health workers. It is understood that at no time will I (patient) be identified by name and that all participants are bound to strict professional confidentiality. *If you are willing make such a contribution to others' training, please initial here.* _____

Unless retained in educational/research archive, video recordings are erased after review. Any retained video recordings will be destroyed upon Dr. Darshan's death.

MY AGREEMENT TO TAKE PART IN THIS VIDEO RECORDING IS COMPLETELY VOLUNTARY. I UNDERSTAND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME WITHOUT JEOPARDIZING MY TREATMENT.

Print Name: _____ Signature _____ Date: _____